

Alternative Dispute Resolution Summary

Provider must file completed form, in duplicate, with the U.S. District Clerk upon completion of ADR.

1. Civil Action number: _____
2. Style of case: _____
3. Nature of suit: _____
4. Method of ADR used: Mediation Mini-Trial Summary Jury Trial
5. Date ADR session was held: _____
6. Outcome of ADR (*Select one*):
 Parties did not use my services. Settled, in part, as a result of ADR.
 Settled as a result of ADR. Parties were unable to reach settlement.
 Continuing to work with parties to reach settlement (*Note: provider must file supplemental ADR Summary Form at conclusion of his/her services*).
7. What was your TOTAL fee: _____
8. Duration of ADR: _____ (i.e., one day, two hours)
9. Please list persons in attendance (including party association, i.e., defendant, plaintiff):

Please provide the names, addresses, and telephone number of counsel on the reverse of this form.

10. Provider information:

Signature

Date

Address

Telephone

Please provide the names, addresses, and telephone numbers of counsel:

Name: _____

Firm: _____

Address: _____

Phone: _____

Name: _____

Firm: _____

Address: _____

Phone: _____

Name: _____

Firm: _____

Address: _____

Phone: _____

Name: _____

Firm: _____

Address: _____

Phone: _____

Name: _____

Firm: _____

Address: _____

Phone: _____

Name: _____

Firm: _____

Address: _____

Phone: _____

Name: _____

Firm: _____

Address: _____

Phone: _____

Name: _____

Firm: _____

Address: _____

Phone: _____
